

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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CITY OF SOLEDAD  
CITY CLERK'S OFFICE  
(MIDDLE)

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Chavez Alejandro V.

1. Office, Agency, or Court

Agency Name

City of Soledad

Division, Board, Department, District, if applicable

Your Position

City Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☒ City of Soledad ☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- ☐ Annual: The period covered is January 1, 2010, through December 31, 2010. -or- ☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010. (Check one)  
☐ The period covered is January 1, 2010, through the date of leaving office.  
☒ Assuming Office: Date 12 / 01 / 10 ☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is  
I certify under penalty of perjury under the laws of the State of California that

Date Signed 12/31/2010  
(month, day, year)

Signature

# SCHEDULE D Income – Gifts

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION<br>Name _____<br>_____<br>_____ |
|---|

| ▶ NAME OF SOURCE<br><u>Robert A. Bothman, Inc.</u><br>ADDRESS (Business Address Acceptable)<br><u>650 Quinn Ave., San Jose, CA 95112</u><br>BUSINESS ACTIVITY, IF ANY, OF SOURCE<br><u>Construction</u><br><table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>12 / 19 / 10</u></td> <td><u>\$ 166.00</u></td> <td><u>Ticket-Oakland Game</u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table> | DATE (mm/dd/yy)  | VALUE                      | DESCRIPTION OF GIFT(S) | <u>12 / 19 / 10</u> | <u>\$ 166.00</u> | <u>Ticket-Oakland Game</u> | <u>  /  /  </u> | <u>\$</u> | <u> </u> | <u>  /  /  </u> | <u>\$</u> | <u> </u> | ▶ NAME OF SOURCE<br>_____<br>ADDRESS (Business Address Acceptable)<br>_____<br>BUSINESS ACTIVITY, IF ANY, OF SOURCE<br>_____<br><table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table> | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | <u>  /  /  </u> | <u>\$</u> | <u> </u> | <u>  /  /  </u> | <u>\$</u> | <u> </u> | <u>  /  /  </u> | <u>\$</u> | <u> </u> |
|---|------------------|----------------------------|------------------------|---------------------|------------------|----------------------------|-----------------|-----------|----------|-----------------|-----------|----------|---|-----------------|-------|------------------------|-----------------|-----------|----------|-----------------|-----------|----------|-----------------|-----------|----------|
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| <u>  /  /  </u>   | <u>\$</u>        | <u> </u>                   |                        |                     |                  |                            |                 |           |          |                 |           |          |   |                 |       |                        |                 |           |          |                 |           |          |                 |           |          |
| <u>  /  /  </u>   | <u>\$</u>        | <u> </u>                   |                        |                     |                  |                            |                 |           |          |                 |           |          |   |                 |       |                        |                 |           |          |                 |           |          |                 |           |          |
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Comments: \_\_\_\_\_